## ISSUE SLIP STAPLE AREA (for additional cross references) **POSITION** INITIALS DATE ID NO. FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW INDEX OF CLAIMS ..... Rejected ..... Allowed ...... Interference (Through numeral) Canceled ..... Restricted ..... Objected Claim Date Claim Final Original 1 39

If more than 150 claims or 10 actions staple additional sheet here